

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10720595

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1	1				
2	1	1				
3	1	1				
4	1	1				
5	1	1				
6	1	1				
7	1	1				
8	1	1				
9	1	1				
10	1	1				
11	1	1				
12	1	1				
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50						
TOTAL IND.	2	1				
TOTAL DEP.	14	1				
TOTAL CLAIMS	16	2				

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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